



# Dream Program Student Application



**Instruction:** Please, complete this application in black or blue ink. **ALL INFORMATION WILL BE KEPT CONFIDENTIAL.**

**Term for which you are applying:** \_\_\_Fall\_\_\_ Winter \_\_\_Spring\_\_\_ Summer Year \_\_\_\_\_

**First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Mt. SAC Student I. D. A#** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gender:** [ ] Male [ ] Female [ ] Other **Primary Phone:** (\_\_\_\_) \_\_\_\_\_ **Alternate Phone:** (\_\_\_\_) \_\_\_\_\_

**Mt. SAC Email:** \_\_\_\_\_ **Personal Email:** \_\_\_\_\_

**Home Address** (If your address changes, please inform the DREAM office):  
\_\_\_\_\_

**Emergency Contact** (Name/Relationship): \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Ethnic-Racial Background** (Please, check all that apply)

- [ ] American Indian/Alaskan Native    [ ] Central American    [ ] White    [ ] Korean    [ ] Other \_\_\_\_\_
- [ ] Native Hawaiian/Pacific Islander    [ ] South American    [ ] Asian    [ ] Filipino    \_\_\_\_\_
- [ ] Black/African American    [ ] Hispanic/Latino    [ ] Mexican/Chicana/o    [ ] Chinese

**Have you applied for any of the following?** (You may check more than one box)

- [ ] AB 540                      [ ] CA Dream Act    [ ] Deferred Action for Childhood Arrivals (DACA)
- [ ] Advanced Parole (AP)    [ ] None

**Would you like information on any of the above** (If “yes”, please be specific)?  
\_\_\_\_\_

**Are you a former or current Foster Youth?** [ ] Yes [ ] No

**Have you applied for any of the following support programs?** (Please, check all that apply)

- [ ] EOP&S            [ ] Bridge            [ ] Aspire            [ ] CARE            [ ] CalWorks
- [ ] DSPS            [ ] Honors            [ ] REACH            [ ] Other: \_\_\_\_\_

**If “not”, would you like to get more information?** (If so, please be specific)? \_\_\_\_\_

## EDUCATIONAL HISTORY

**High School Graduation:**

- [ ] High School Diploma    [ ] GED    [ ] Foreign Diploma    [ ] No Diploma    [ ] Other \_\_\_\_\_

**High School Name:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**Which of the following special needs, if any do you have?** (DSPS can provide further information about services at (909) 274-4290)

- [ ] Deaf & Hard of hearing    [ ] Learning Disability    [ ] Physical Disability    [ ] Visual Impairment    [ ] Other \_\_\_\_\_

**How did you hear about the DREAM Program?**

- [ ] Friends            [ ] Staff            [ ] High School Outreach Program    [ ] Online    [ ] Family    [ ] Other \_\_\_\_\_

**PLEASE SIGN THIS APPLICATION!! ONLY SIGNED APPLICATIONS WILL BE PROCESSED.**

I certify that all information is true and complete to the best of my knowledge. I give the Dream Center Program staff permission to obtain my academic records for verification and for statistical reporting purposes.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_